

WILLIAM SINGLETON, MDiv, LPC-S

575 N. VALLEY PKWY, STE. 210, LEWISVILLE, 75067 • 2713 VIRGINIA PKWY, STE. 200, MCKINNEY, 75071
PHONE 972-978-9784 • CELL/TEXT 972-658-7858 • Will@WillSingleton.com

Client General Information and Consent Form v6.5

INTRODUCTION AND CREDENTIALS:

My clients just call me Will, and I look forward to meeting you! I’m a Master’s Level, Board Approved LPC Supervisor (LPC #13140), and I have been working with individuals, couples, teens and college students for over 20 years. I also sometimes provide services (mostly supervision of professional interns) under the non-profit charter of CrossPointe Counseling Inc. I am not affiliated with any other individual or group practice.

GENERAL INFORMATION

- **INSURANCE:** I do not file insurance, but will provide you a fully coded receipt you can submit to your insurance company for reimbursement. If your insurance company requires documentation of some sort I will review whatever they require in my next session with you.
- **BUDGET:** Please tell me in our first session if you are working with a budget that limits you to a specific number of sessions, and I’ll attempt to use an approach that fits your limited time. This is not typically how I work, and someone specializing in brief therapy may be better suited to your needs, but if I know we have specific number of sessions I can be more directive in what we talk about and be open to giving advice more quickly than usual (in other words, I’ll be willing to guess about more things if we don’t have time to go in depth).
- **COUPLES:** I only accept new couples in double-session blocks of an hour and fifty minutes (or in two individual sessions per week if I’m seeing partners individually). These double sessions will continue through the first few stages of couples work because there is so much to introduce and understand, but when it’s clear a regular 50-55 minute session is adequate I will recommend that switch. If we somehow missed this detail in the initial scheduling and you are doing this paperwork (as a couple) in the office today, please accept my apologies if I don’t have time to take you one as regular clients – if that’s the case I can still usually make some recommendations based on a single session today.
- **TESTING:** I like to use the MBTI or TypeFinder to jump-start the get-acquainted process and to give us some immediate context. These are not “diagnostic” tests, merely a tool to help me understand a few basic things about your personality (for example, your preferences for introversion and extroversion, etc.). I teach classes based on these instruments, and I offer these assessments for team-building workshops as well.
- **FEES:** Fees are discounted when paid at the time of service. These discounted fees are \$125 for single sessions (check, cash, or credit card) and \$245 for double sessions. Non-discounted fees of \$140 apply to sessions starting after 5:00 pm or for scheduling outside my usual hours.

SESSIONS

Sessions are 50-55 minutes (with the last 5 minutes of the time used for billing and scheduling). I usually rely on two timers to help keep me on schedule. The first alarm is a “ticking” sound, and I will tell you to ignore it – we still have five or six minutes for wrapping up our topic (though it’s a good idea to avoid introducing brand new topics at that point). About five minutes later the second alarm (a different tone) will nudge us that it’s time to take care of the billing and scheduling if we have not already done so.

CANCELLATIONS:

I understand life doesn’t always go according to plan, so I give each client or family two “freebies” for short notice cancellations (24 hours or less), which covers things like feeling ill, unexpected work demands, conflicting appointments, or just plain old forgetfulness. After those two freebies however, in fairness to my time, I require new clients to agree to be automatically charged for additional no-shows, or short-notice cancellations that are not emergencies. Clients who cancel appointments frequently, even WITH advance notice, will be asked to guarantee their next appointment with non-refundable advance payment, in order to continue to reserve appointment times.

CONFIDENTIALITY

A copy of my Privacy Policy was given to you along with this consent. All counseling is held confidential, including information shared by a minor. Guardians or managing conservators may be advised of treatment needed or given.

COURT

I am NOT available to testify in court. I practice therapy, not forensics, so regardless of what has been reported to me in therapy about the only thing I can usually attest to as fact, even under court order, is whether or not someone was in my office for an appointment. My treatment notes do not contain details about our topics of discussion – only our meeting time, therapy approach, diagnostic code, and similarly boring things.

CIRCUMSTANCES UNDER WHICH CONFIDENTIALITY DOES NOT APPLY:

- If I have cause to believe that a child's or elderly person's welfare is in jeopardy (state-required reporting).
- If you reveal sexual exploitation by a health care provider (state-required reporting).
- If you intend to take harmful, dangerous, or criminal actions against another person or self, or if it is clear you are in need of hospitalization and cannot or will not seek that help for yourself.
- If a court orders me to disclose information, or if I am named as a party in a lawsuit directly related to our work.

Please Initial

_____ I received a copy of the Privacy Policy, and understand the limits on confidentiality and disclosure.
 _____ I have read and agree to automatic billing (after two “freebies”) for no-show or short-notice cancellations
 _____ I am responsible for direct payment for services, and will manage my own collection of insurance benefits.

Name: _____ Date: _____

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CLIENT COPY ONLY – SIGNED COPIES ON FILE

NOTICE OF PRIVACY PRACTICES: **THESE DO NOT NEED TO BE PRINTED OR SIGNED. INFORMATION ONLY.**

WILL SINGLETON, LPC, AND / OR CROSSPOINTE COUNSELING INC.

(JANUARY, 2019)

Counseling records are kept in a secured and locked location to protect client privacy and confidentiality. No information is released without the knowledge and written consent of the client except for those rare instances where clinicians are required by law or by court order to reveal particular information. In an emergency situation where clients demonstrate a high probability of harming themselves or others, the staff may be required to release information to ensure safety. **This notice describes how medical information about you may be used and disclosed by CrossPointe Counseling Inc. and how you can get access to this information.**

Understanding Your Protected Health Information (PHI)

When you visit us, a record is made of your symptoms, examination, test results, diagnoses, treatment plan, and other mental health or medical information. Your record is the physical property of the medical health care provider, the information within which belongs to you. Being aware of what is in your record will help you to make more informed decisions when authorizing disclosure to others. In using and disclosing your protected health information (PHI), it is our objective to follow the Privacy Standards of the Federal Health Insurance Portability and Accountability Act (HIPAA) and requirements of Texas law.

Your mental health and/or medical record serves as: 1) a basis for planning your care and treatment; 2) a means of communication among the health professionals who may contribute to your care; 3) a legal document describing the care you received; 4) a means by which you or a third-party payer can verify that services billed were actually provided; 5) a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Our Responsibilities

We are required to:

-Maintain the privacy of your protected health information (PHI) as required by law and provide you with notice of our legal duties and privacy practices with respect to the protected health information that we collect and maintain about you.

-Abide by the terms of this notice currently in effect. We have the right to change our notice of privacy practices and to make the new provisions effective for all protected health information that we maintain, including that obtained prior to the change. Should our information practices change, we will post new changes in the reception room and provide you with a copy.

-Notify you if we are unable to agree to a requested restriction.

-Accommodate reasonable requests to communicate with you about protected health information by alternative means or at alternative locations. e.g. you may not want a family member to know that you are being seen at the Counseling Center.

-Use or disclose your health information only with your authorization except as described in this notice.

Your Protected Health Information (PHI) Rights

You may review and obtain a paper copy of the notice of information practices upon request and of your health information, except that you are not entitled to access, or to obtain a copy of, psychotherapy notes and a few other exceptions may apply. Copy charges will apply.

You may request and provide written authorization and permission to release information for purposes of outside treatment and health care operations. This authorization *excludes* psychotherapy notes as well as any audio/video tapes that may have been made with your permission.

You may revoke your authorization in writing at any time to use, disclose, or restrict health information except to the extent that action has already been taken.

You may request a restriction on certain uses and disclosures of protected health information, but we are not required to agree to the restriction request. You should address your restriction request in writing to your therapist. We will notify you within 10 days if we cannot agree to the restriction.

You may request that we amend your health information by submitting a written request with the reasons supporting the request to your therapist. We are not required to agree to the requested amendment.

You may obtain an accounting of disclosures of your health information for purposes other than treatment, payment, health care operations and certain other activities for the last six years but not before April 14, 2003.

You may request confidential communications of your health information by alternative means or at alternative locations.

Disclosures for Treatment, Payment and Health Operations

I. The Counseling Center will use your PHI, with your consent, in the following circumstances:

Treatment: Information obtained by a nurse, physician, psychologist/counselor, dentist or other member of your health care team may be recorded in your record and used to determine the management and coordination of treatment that will be provided for you.

Disclosure to others outside of the Counseling Center: If you give us a written authorization, you may revoke it in writing at any time but that revocation will not affect any use or disclosures permitted by your authorization while it was in effect. We will not use or disclose your health information without your authorization, *except (as described below)* to report serious threat to health or safety or child and adult abuse or neglect.

For payment, if applicable: We may send a bill to you or to your insurance carrier. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis to obtain reimbursement for your health care or to determine eligibility or coverage.

For health care operations. Members of the mental health staff may use your information in your health record to assess the performance and operations of our services. e.g. sending a satisfaction follow up survey. This information will then be used in an effort to continually improve the quality and effectiveness of the mental health care and services we provide.

II. The Counseling Center will use your PHI, without your consent or authorization, in the following circumstances:

Child Abuse: If we have reasonable cause to suspect that a child seen in the course of professional duties has been abused or neglected, or have reason to believe that a child seen in the course of professional duties has been threatened with abuse or neglect, and that abuse or neglect of the child will occur, we must report this to the relevant county department, child welfare agency, police, or sheriff's department.

Adult and Domestic Abuse: If we believe that an elder person is the victim of abuse, neglect or domestic violence or the possible victim of other crimes, we may report such information to the relevant county department or state official.

Serious Threat to Health or Safety: If we have reason to believe, exercising best judgment and our professional care and skill, that you may cause harm to yourself or another person, we may take steps, without your consent to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition in order to protect you or another person from harm. This may include instituting commitment proceedings.

Judicial or administrative proceedings: If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law and we will *not* release the information without a subpoena/court order, a written authorization from you or your personal or a legally-appointed representative. The privilege does not apply when you are being evaluated by a third party or where the evaluation is court ordered.

As required by law for national security and law enforcement: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence and other national security activities. We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Law/Health Oversight: When required by law we may disclose your health information. For example, if the Texas Board of Examiners of Licensed Professional Counselors requests that we release records to them in order to investigate a complaint against a provider, we must comply with such a request.

Appointments and Related Services: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Worker's Compensation: We may disclose health information to the extent authorized by you and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law; we may be required to testify.

As required by law for purposes of public health: e.g. as required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Business Associates: From time to time some of our services involve contacts with business associates. Examples include computer support, scoring of tests, or filing of insurance claims. When these services are contracted, we may disclose your health information to these associates or contractors so they can perform the job we've asked them to do and these associates or contractors are required to safeguard your information as well.

For More Information or to report a problem If you have questions and would like additional information, please ask your clinician. He/she will provide you with additional information or put you in contact with the designated Counseling Center Privacy Officer, Will Singleton, at 972-978-9784. If you are concerned that your privacy rights have been violated, or if you disagree with a decision we have made about access to your health information, or if you would like to make a request to amend or restrict the use or disclosure of your health information, you may contact the Counseling Center Privacy Officer (see above). If you believe that your privacy rights have been violated, you can also file a complaint with the Secretary of the U.S. Department of Health and Human Services. We will provide you with the address for filing a complaint with the U.S. Department of Health and Human Services upon request. The Counseling Center respects your right to the privacy of your health information. There will be no retaliation in any way for filing a complaint with us or the U.S. Department of Health and Human Services.